



Document Control & Record Management

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Purpose

The purpose of this procedure is to outline the process for Work Health and Safety (WHS) Document Control and Record Management at the University in accordance with WHS and other related legislative and university business system requirements.

This procedure describes:

- the methodology for ensuring that University safety management system documentation is current and suitable for use by Research Institutes, Academic and Central Units. This methodology includes:
 - document creation
 - document review
 - modification and update of documents (where necessary) that ensures the relevant competent personnel or parties are consulted and given a genuine opportunity to provide input prior to approval
 - identification of documents to ensure the most current versions are identifiable, legible and available at points of use
 - the prevention of unintended use of obsolete documents
 - document approval prior to issue
 - communication of approved new or modified documents to relevant personnel.
- the process for managing WHS and Injury Management (IM) records that form part of the safety management system and are generated as part of University business. WHS & IM records shall be maintained, archived and disposed of in accordance with legislative requirements such as the State Records Act and General Disposal Schedule No.15.

Definitions

WHS Documentation is important for the success of the University safety management system, allowing for consistency and uniformity in applying health and safety in the workplace. Typical documents include plans, policies, procedures, guidelines and forms that define the system.

A controlled document or record is any document for which distribution and status are required to be kept current by the issuer to ensure that authorised holders or users have the most up to date version available.

Document control is the process established in this procedure to define controls needed for the management of WHS&IM documentation.



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Records are *'information created, received, and maintained as evidence and information by an organization or person, in pursuance of legal obligations or in the transaction of business'* (AS ISO 15489.1-2002 Australian Standard Records Management Part 1: General).

Records of WHS & IM activity are generated as part of University business and reflect what was communicated or decided or what action was taken.

Records Management is *'the efficient and systematic control of the creation, receipt, maintenance, use and disposal of records, including processes for capturing and maintaining evidence of and information about business activities and transactions in the form of records'* (AS ISO 15489.1-2002 Australian Standard Records Management Part 1: General).

Retention Period is a specified period for which a record must be kept before it may be destroyed.

Roles and Responsibilities

Manager: Work Health and Safety is responsible for:

- The custodianship of the University safety management system-controlled documentation
- The process of developing, approving and reviewing system documentation and ensuring the currency of such documentation is maintained and accessible on the Safety & Wellbeing website
- Establishing an effective system of communicating requirements outlined in this procedure to University personnel
- Ensuring effective systems are provided to assist the process of maintaining records.

Executive Deans, Directors and General Managers are responsible for:

- Ensuring the requirements of this procedure are implemented at the local level and in accordance with managing records as part of implementing the WHS Local Action Plan
- Allocating sufficient resources by appointing a person (custodian) within the workplace to establish and maintain controlled documentation for use at the local level and keeping records of health and safety-related business activities in accordance with this procedure.

Appointed Person (Custodian) is responsible for:

- Ensuring WHS system documents for local use are current and accessed from the Safety & Wellbeing website
- Ensuring WHS system documents created or modified for local use are controlled and maintained in accordance with this procedure
- Ensuring workplace records that are generated are managed so that they properly and adequately record evidence of the WHS & IM-related business activities of the work functions for the area of responsibility.

Employees are responsible for:

- Complying with this procedure and related advice in the use of system documentation and records generated as part of WHS & IM-related business activities in the workplace.

Procedure

1. Electronic Format

All documentation that is used or introduced to the Safety & Wellbeing website forms part of the University safety management system. This documentation is maintained in a controlled electronic format and only current versions of documentation are made available on the website.

Where workplaces have established local websites/SharePoint team sites, the Safety & Wellbeing website link shall be provided for local employees to ensure accessibility to current and reliable system documentation.

2. Document Creation

The requirement or need for new or additional documentation to be introduced to the safety management system may be initiated by the Enterprise Leadership Team (ELT), Manager: Work

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Health and Safety or by recommendation of the University Safety & Wellbeing Committee (note: this list is not exhaustive). The requirement or need may be based on, but not limited to:

- Legislation changes or updates
- RTWSA Code of Conduct and Performance Standards for Self Insurers
- Identified system failures reported or identified during incident investigations
- Internal/external evaluation findings
- Outcome of system reviews
- Suggestions from employees or consultative arrangements
- Changes to university business activities and/or structure
- Industry or organisational best practice initiatives.

3. Document Review

Any controlled system documentation requires regular review (at least every 3 years) to ensure currency with internal/external requirements and continuous improvement in the provision of an effective system to meet the business needs of the University. Requirements for review and update are based on, but not limited to, the criteria outlined in Section 2 above.

The review process includes consideration of the following:

- Suitability and relevance to the workplace and the University
- Identified areas requiring improvement
- Effectiveness in achieving desired outcomes, in particular where non-conformance or corrective action is required
- Compliance with legislative requirements.

4. Obsolete Documents

Obsolete controlled documents are those which are no longer required, replaced or superseded as determined by the needs of the safety management system. Obsolete documents may be identified as part of the review process and shall be removed from the website and appropriately archived to prevent unintended use. Archived documents must be retained and accessible for system evaluation and legal purposes.

Locally owned or developed health and safety documentation identified as obsolete shall be removed from points of issue by the workplace (appointed custodian), archived electronically (where possible) or in hard copy and retained for system audit purposes and legal requirements (where relevant).

5. Document Format

All WHS procedural documentation is created or modified using a standard format. Exceptions to the standard document format outlined in this procedure include:

- Policy documents that are required to observe the University Policy standard format
- Business related documentation in which health and safety content is integrated and another standard format is followed
- WHS forms and checklists that use an alternate standard format
- Any guidance material approved by the Manager: Work Health and Safety or other information/communication i.e. newsletters, brochures, notes, posters, etc.

The following standard format is applicable to all WHS procedures:

- Title
- Purpose
- Definitions
- Roles and responsibilities
- Procedural content
- Performance measures (where applicable)
- Documents/ Forms/Guidance Notes (where applicable)
- References
- Further Assistance (where applicable)

WHS forms, checklists and guidance are support tools designed to guide and assist users in effectively implementing procedural requirements. Forms and checklists display a standard form

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title and number. Guidance are clearly identified in the document title including a reference to the relevant WHS procedure. Workplaces are encouraged to customise forms and checklists to ensure relevance to their business whilst maintaining the standard format.

System documentation listed in procedures under 'Documents/Forms/Guidelines' shall be hyperlinked for easy access. Other University business system documents referenced within the body of the document may be hyperlinked where relevant.

Draft new or revised documentation shall be easily identifiable by use of a 'DRAFT' watermark along with identification of draft in the footer.

6. Document Properties

Each controlled document created for the safety management system is required to display the following document properties in the footer:

- **Document Identifier:** the title of the document, the authorising area of the document e.g. Safety & Wellbeing Team and the version (V) number.
Note: The first version of an approved document is version 1. Early drafts are version 0. A change in whole numbers reflects significant change to a document (refer to criteria outlined in section 2 above). Minor changes made will maintain the current version number but also include one decimal place to reflect each minor change made to a version (including drafts).
- **Release Date:** the month and year of release of the document;
Example:
'Document Control & Record Management Procedure, Safety & Wellbeing Team, V1.3, February 2012.'
- **Page Number:** the page and number of pages in the document;
- **Disclaimer:** outlines that the Safety & Wellbeing website contains the latest document version and that hard copies are considered uncontrolled (not applicable to memorandums, agenda and minutes, newsletters etc).
Example:
'Hardcopies of this document are considered uncontrolled. Please refer to the Safety & Wellbeing website for the latest version.'

Locally developed WHS documentation or documentation modified from the system to suit local needs (i.e. Forms) shall maintain the above requirements for document properties. Where a modification has been made to system documentation, the custodian of the document shall identify the following in the document footer:

- The operational area concerned i.e. *name of Research Institute/Academic or Central Unit*
- The document custodian i.e. *name of document creator*
- The words '*modified locally*'
- Month and year of modification.
Example:
'Document Control & Record Management Procedure, Student & Academic Services Unit (Jonesp), Version 1.1 modified locally, April 2019.'

7. Consultation and Communication

Consultation on new or revised system documents is required prior to finalisation. The key method for consultation is through the established University Safety & Wellbeing Committee.

This process involves:

- Outlining the basis for the new or revised documentation and the input sought leading to the development or amendment of the draft for circulation
- Facilitating the exchange of information between the workplace and the Committee, with members providing local working groups/network groups, Health & Safety Representatives and other associated University committees/groups within the area they represent, a genuine opportunity to provide feedback on new or revised draft documentation (where applicable)
- Obtaining other specialist expertise where relevant, on matters relating to a specific subject matter.

New or revised draft documents are communicated to relevant stakeholders inviting feedback. Evidence of consultation shall be documented through meeting minutes, memorandums or emails and records maintained. Feedback shall be reviewed and incorporated into draft documents, where relevant, and a final draft prepared by senior WHS consultants for approval.

8. Document Approval Process

New or revised final draft documents are approved by the Manager: Work Health and Safety. The Manager: Work Health and Safety and/or the University Safety & Wellbeing Committee will determine the need for referring draft documents to the Enterprise Leadership Team where there is potential for significant impact to University business.

Once approved, the final controlled document is released by publishing on the website and communicating requirements to relevant personnel to enable implementation.

NOTE: Minor changes, including grammar or spelling or legislative references are not deemed as content change and are exempt from the approval process.

Where documents are created locally, input shall be sought from the local working/network group, campus WHS Consultant or the Safety & Wellbeing Team. Final documents shall be approved by the relevant Executive Dean, Director, or other senior authority, for which the document and process relates to ensure the requirements of this procedure are met.

9. Document Control Register

A master WHS & IM document control register shall be maintained by the Safety & Wellbeing Team for all system documentation created or modified.

The Master Register will include the following:

- Document Title
- Version Number
- Date Created
- Date Reviewed
- Reasons/Comments for creation/review
- Document Custodian
- Links to Consultation/feedback received

Documentation developed or modified locally by Academic and Central Units, and Research Institutes shall be recorded on a local document control register and regularly maintained (refer to Appendix 2).

10. Record Management

The purpose of record management is to ensure that business activity records of evidential quality are created, managed and disposed of in accordance with legal requirements.

Records can include, but are not limited to, the following:

- Health and safety local action plans
- Internal evaluation reports
- Hazard and other registers
- Corrective action registers
- Workplace inspections
- Risk assessments
- Training needs analysis and plans
- Incident / Hazard reports
- First Aid treatment
- Licensing and certification
- Registrations
- Health and Safety working/network group meeting agendas and minutes
- Training and induction checklists
- Performance management plans

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- Emergency evacuation reports
- Maintenance, inspections and testing
- Health monitoring reports and testing
- Research Approvals/authorizations
- Claims management & rehabilitation case records

Records may also include externally produced documentation such as external consultancy reports, statutory compliance notices or material safety data sheets used as part of a health and safety activity.

Records generated may be in the form of hardcopy or electronic media. Records must be stored in an orderly manner, be easily identifiable to facilitate their efficient and effective retrieval/replacement by any authorised person for purposes such as:

- Analysis/investigation
- Internal/external evaluation
- Evidence of legal compliance
- Evaluation and review
- Training needs.

The medium used for storing records needs to be useable, reliable and allow preservation for as long as required in accordance with legislative requirements and administrative efficiency. Some of these retention periods are lengthy or permanent. Archives are records relocated to long term storage for preservation beyond their immediate business function, including permanent records.

The University Records Management Team can provide further assistance regarding the assessment and storage of long term records and the retrieval of archived material.

The Master Record Index (Appendix 1) outlines the records (where relevant) that shall be retained both centrally and locally. Local areas may utilise the table to record the physical location of local records generated.

References

[Work Health and Safety Act 2012 \(SA\)](#)

[Work Health and Safety Regulations 2012 \(SA\)](#)

[AS/NZS 4801:2001 Occupational health and safety management systems – Specification with guidance for use](#)

[AS/NZS ISO 9001:2008 Quality Management Systems – Requirements](#)

[AS ISO 15489.1-2002 Records Management - General](#)

State Records of SA - General Disposal Schedule No.15, 8th Edition.

Further Assistance

Further advice and/or assistance on document control and keeping WHS & IM records is available from the Safety & Wellbeing team, in the Central People, Talent and Culture Unit.

APPENDIX 1: MASTER WHS & IM RECORDS INDEX

WHS & IM Documentation	Records Required	Record Location	Responsibility			Retention Period
			Safety & Wellbeing	Executive Dean/ Director of Unit/Institute /General Manager	FMU	
HS&IM Policy	Records relating to Policy formulation and authorization by the VC for example: <ul style="list-style-type: none"> master copies of proposals adopted consultation papers final reports 	S&W unit Archive	✓			A permanent record
	Records relating to input by Academic & Central Units and Research Institutes into HS&IM Policy	S&W unit	✓			Destroy 2 years after last action
Safety & Wellbeing Strategic Plan	Master copies of approved Strategic Plans	S&W unit Archive	✓			A permanent record
Injury Management Strategic Plan	Records relating to the development of Strategic Plans i.e. <ul style="list-style-type: none"> input and comments on drafts monitoring reports on system performance 	S&W unit	✓			Destroy 2 years after last action
Local Action Plan	Records of Local Action Plan as a working document	Local workplaces		✓		Destroy at least 2 years from the expiry date of the plan
WHS & IM Procedures & Regulatory Compliance	Records relating to the development, implementation and review of Procedures, Forms & Checklists i.e. <ul style="list-style-type: none"> Consultation papers Input and comments on drafts Communication of final documents 	S&W unit	✓			Destroy 5 years after last action
	Letters/reports of breaches of WHS compliance requirements	S&W unit Archive	✓			A permanent record
Internal Evaluation	Internal evaluation of workplace, system & program reports	S&W unit	✓	✓		Destroy at least 7 years after action completed
	External compliance reports (RTWSA Evaluation reports)	Archive	✓			A permanent record



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WHS & IM Documentation	Records Required	Record Location	Responsibility			Retention Period
			Safety & Wellbeing	Executive Dean/ Director of Unit/Institute /General Manager	FMU	
Chemical Spill Management	WHS58 – Chemical Spill - Incident & Risk Assessment Response Checklist			✓		Retain until 2040, retention subject to review at that date
	WHS59 – Risk Assessment - Chemical Spill and Environmental Risk Worksheet			✓		Retain until 2040, retention subject to review at that date
Communicable Disease	WHS2 - General Hazard Identification and Risk Assessment			✓		At least 5 years
Confined Space	Training records in relation to confined space			✓	✓	At least 2 years from the date of training
	WHS35 – Confined Space Risk Assessment Worksheet			✓	✓	At least 2 years after the work has been completed
	WHS36– Confined Space Written Authority (Entry Permit)			✓	✓	At least 1 year after the work has been completed
	WHS37 – Confined Space Entry Permit – High Risk			✓	✓	At least 1 year after the work has been completed
	WHS38 – Hot Work Permit for Confined Spaces			✓	✓	At least 1 year after the work has been completed
WHS Consultation	WHS19 – Health and Safety Representative Nomination			✓		At least 3 years
	WHS21 – Notice of Election Result		✓			At least 3 years
	SafeWork SA – Health and Safety Representatives Notification of Election		✓	✓		At least 6 months



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WHS & IM Documentation	Records Required	Record Location	Responsibility			Retention Period
			Safety & Wellbeing	Executive Dean/ Director of Unit/Institute /General Manager	FMU	
	Default Notice –declaration by the health and safety representative under the WHS Act 2012 (SA)		✓	✓		At least 3 years
	University Safety & Wellbeing Committee Minutes, agendas and reports	S&W unit Archive	✓	✓		A permanent record
	Workplace Health and Safety Working group/network group minutes and reports			✓		Until 2040, retention subject to review at that date
	Nomination and election of committee members		✓	✓		Destroy 3 years after election
	Safety & Wellbeing Committee meeting administrative arrangements (inc. contact lists, venue bookings, equipment hire etc.)	S&W unit	✓	✓		Destroy 2 years after last action
Contractor Management	WHS27 – Contractor’s Permit to Work			✓	✓	At least 8 years
	WHS28 – Contractor Safety Induction Checklist			✓	✓	At least 5 years
	WHS76 – Contractor Safety Evaluation Checklist			✓	✓	At least 8 years
	WHS77 – Contractor Site Observation Checklist			✓	✓	At least 8 years
Electrical Equipment Inspection and Testing	WHS25 – Electrical Equipment Register (Including records of inspection and testing of electrical equipment)			✓	✓	At least 7 years
	WHS26 – Residual Current Devices Register				✓	At least 7 years



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WHS & IM Documentation	Records Required	Record Location	Responsibility			Retention Period
			Safety & Wellbeing	Executive Dean/ Director of Unit/Institute /General Manager	FMU	
Emergency Management	Records of Evacuation Warden training	S&W unit	✓	✓		Destroy 5 years after premises vacated or systems superseded
Ergonomic for Screen-based Workstations	WHS45 – Workstation Self-Assessment			✓		At least 5 years
Fieldwork Health and Safety	WHS39 – Fieldwork Health and Safety Acknowledgment			✓		At least 2 years
	WHS71 – Fieldwork health and safety information			✓		At least 2 years
	WHS72 – Fieldwork health and safety information notice			✓		At least 5 years
	WHS73 – Fieldwork Health and Safety Checklist & any subsequent risk assessments (WHS2)			✓		At least 5 years including any risk assessments
First Aid	Records of first aid treatment provided			✓		Destroy 7 years after last action
	First aid officer appointments		✓			Destroy 7 years after last action
	First aid training records		✓			Destroy 7 years after action completed
Hazard Management	WHS1 - Hazard Register			✓		At least 40 years
	WHS2 - General Hazard Identification and Risk Assessment			✓		At least 5 years
	WHS40 - Plant Register			✓		At least 40 years



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WHS & IM Documentation	Records Required	Record Location	Responsibility			Retention Period
			Safety & Wellbeing	Executive Dean/ Director of Unit/Institute /General Manager	FMU	
	WHS41 - Plant Hazard Identification and Risk Assessment			✓		For the currency of that assessment and for at least 5 years
Hazardous Substances and Dangerous Goods Management	WHS10 – Hazardous Substances Register			✓		A permanent record
	WHS12– Chemical Process Risk Identification and Assessment			✓		At least 5 years and must be reviewed at intervals not exceeding 5 years
	WHS12A – Initial Risk Assessment for Laboratory Procedures by Researchers using Substances			✓		At least 40 years
	WHS78 – Emergency Dangerous Goods Manifest			✓		A permanent record
	Hazardous substances instruction and training			✓		At least 5 years
	Monitoring and/or health surveillance assessment & results			✓		At least 30 years
Incident/Hazard Reporting and Investigation	Online Hazard/Incident Report	S&W unit	✓			Workplace copy at least 5 years, Central copy destroy 45 years after action completed
	Reports of notifiable injury and dangerous occurrences to SafeWork SA. Statutory reports or other obligation to external agencies. (ie. Responsible Officer Report).	S&W unit	✓ ✓			5 years from the date of notification. Retain until 2040, retention subject to review at that date
Induction	WHS23 – Induction Checklist			✓		At least 5 years
Ionising Radiation	WHS54 - Radiation Worker Registration		✓	✓		Retain until 2040, retention subject to review at that date
	WHS55- Unsealed Radioactive Substances Register		✓	✓		



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WHS & IM Documentation	Records Required	Record Location	Responsibility			Retention Period
			Safety & Wellbeing	Executive Dean/ Director of Unit/Institute /General Manager	FMU	
	WHS56 – Sealed Radioactive Substances Register		✓	✓		
	WHS57 – Radiation Safety Clearance Form		✓	✓		
	WHS62 – Departmental Radiation Safety Officer Report		✓	✓		
	WHS63 – Radiation Audit Checklist		✓	✓		
	WHS68 – Ionising Radiation Apparatus Register Form		✓	✓		
Licences, Registrations and Certificates of Competence	WHS30 – Employee Licence and Certificate of Competency Register			✓		At least 30 years
	WHS31 – Plant Registration Register			✓	✓	A permanent record
	WHS32 – Licensed Dangerous Substance Storage Register		✓	✓		At least 40 years
	WHS33 – Premises Containing Unsealed Radioactive Sources Register		✓	✓		At least 40 years
	WHS34 – Sealed Radioactive Sources Register		✓	✓		At least 40 years
Manual Handling	WHS46 – Manual Handling Risk Checklist			✓		At least 5 years
Project Proposal Safety Authorisation	WHS70 - Project Proposal Safety Authorisation			✓		At least 10 years
Purchasing	WHS79- Pre-Purchasing Checklist, Design, Plant and Substances			✓		For the currency of that assessment and for at least 5 years



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WHS & IM Documentation	Records Required	Record Location	Responsibility			Retention Period
			Safety & Wellbeing	Executive Dean/ Director of Unit/Institute /General Manager	FMU	
Rehabilitation for Injured Employees	WHS42 – Authority to Exchange Information	S&W unit	✓			Until 75 years after the employee's date of birth or at least seven years after the case has been closed whichever is the later
	WHS43 – Rehabilitation and Return to Work Plan	S&W unit	✓			Until 75 years after the employee's date of birth or at least seven years after the case has been closed whichever is the later
	WHS49 – Workers' Compensation Leave Notification	S&W unit	✓			Until 75 years after the employee's date of birth or at least seven years after the case has been closed whichever is the later
	WHS67 - Rehabilitation Case Closure Report	S&W unit	✓			Until 75 years after the employee's date of birth or at least seven years after the case has been closed whichever is the later
Safety Signage	WHS48 – Safety Sign Requirements			✓		At least 5 years
Standard operating procedure	WHS8 – Standard Operating Procedure, or Manufacturer's Operator's Manual			✓		At least 5 years
Training Needs and Planning	WHS13 – Training Needs Analysis			✓		At least 5 years
	Training records relating to plant, substances or activity that is a risk to health or safety			✓		5 years from the date of the last entry



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WHS & IM Documentation	Records Required	Record Location	Responsibility			Retention Period
			Safety & Wellbeing	Executive Dean/ Director of Unit/Institute /General Manager	FMU	
	Course material developed for training		✓	✓		At least 5 years and following discontinuance of course
	Records of training & induction programs provided (including specific hazard awareness & WHS management training)		✓	✓		At least 30 years
Workplace Inspection	WHS16 - Workplace Inspection - General Environment			✓		At least 5 years
	WHS17 - Workplace Inspection - Laboratory Environment and Chemical Handling Areas			✓		At least 5 years
Working Alone or in Isolation	Records of approval			✓		At least 5 years
	WHS2 - General Hazard Identification and Risk Assessment			✓		at least 5 years

Appendix 2: Local WHS Document Register

EXAMPLE:

Academic Unit/Central Unit/Research Institute:

Document Title	Version Number	Date Created/Modified	Reasons for Creation/Modification	Review Date	Name of Document Custodian/Creator
<i>Fieldwork Health and Safety Checklist</i>	<i>1.0</i>	<i>Modified 1/12/2019</i>	<i>To reflect workplace environment</i>	<i>(To be determined as outlined in Section 3)</i>	<i>John Pilsner (Position held)</i>